

**Title I Teacher Referral Form-Reading
Middle School (6-8)**

Student name: _____

Date: _____

Teacher name: _____

Date: _____

1. Based on classroom assessments, please indicate how this student is scoring in relation to the rest of the class.

Skill	Above average	Average	Below average	Date/Type of Assessment
Reading fluency				
Reading comprehension				
Vocabulary				
Can develop inferences				
Understands literary elements				
Uses similes and metaphors				

2. Where does this student rank overall in your classroom?

Top 1/3	Middle 1/3	Bottom 1/3

3. Has this student repeated a grade?

Yes	No	Grade

4. Does the student have an IEP?

Yes	No

Scoring:

- Enter one (1) point for each time the student scored Below Average.
- Top 1/3=0 points Middle 1/3=1point Bottom 1/3=2 points
- Enter one (1) point for "Yes" and zero (0) for "no."
- No points awarded in this section.

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Question	Points
1	
2	
3	
Total	

A final score of five (5) points or more results in a referral for Title I services.

SAMPLE